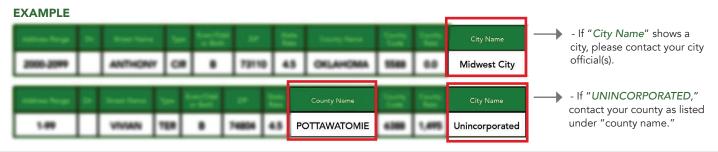


CERTIFICATE OF COMPLIANCE FOR OMMA BUSINESSES

Instructions: This form is to be completed and submitted with the application or renewal of your OMMA business license. Your application or renewal will not be processed if the Certificate of Compliance is not completed and submitted.

Please visit **HERE** and type in the business address to determine whether the appropriate political subdivision to fill out and sign the form is the city or the county in which the business is located. After entering the address, the link provided will supply the information reflected in the EXAMPLE below. If the name of the city appears in the blank under the caption "City Name", then the city identified in the blank is the appropriate political subdivision to complete and sign the form. If the city name does not appear, but instead "UNINCORPORATED" appears in the blank under the caption "City Name", then the county is the appropriate political subdivision to sign and complete the form, and you should contact an appropriate county official, such as the Board of County Commissioners Chairperson.



APPLICANT INFORM	MATION — PLEASE PRII	NT OR TYPE CLEARLY —			
Please choose one: NEW APPLICATION	RENEWAL APPLICA	ITION LOCATI	ON CHANGE APPLICA	ATION	
License # (if applying for renewa	al or location change)				
Business Name					
License Type GROWER	PROCESSOR D	DISPENSARY TRA	NSPORTER LABO	DRATORY RESEAR	RCH EDUCATION
Current Physical Street Address	of Business Cir	ty Sta	te Zip		
Mailing Address of Business (if d	ifferent from above)		City		State Zip
County in which Business is Loca	ted Email Address of	Business		Phone Number	of Business
Name of Business Owner(s) separated by commas					
CITY/COUNTY OFFICE	CIAL INFORMATION	ON — To be completed	l by the City or County Off	icial —	
(Choose one) CITY	COUNTY \overline{CG}	ontact Name & Title			
Email Address		Phone Num	per	Date Co	ompleted

COMPLIANCE CERTIFICATIONS

Licensee Name

Business Name

Based upon information provided by applicant(s) to the political subdivision at this time.

Application Number

1	The proposed uses satisfy the political subdivision's applicable zoning classifications and ordinances.					
	YES NO The political subd	YES NO The political subdivision has no applicable codes for which to certify compliance at this time.				
	Printed Name of Official	Title	Signature of Official			
2	All applicable safety codes of the political s	ubdivision are satisfied.				
	YES NO The political subd	DATE:				
	Printed Name of Official	Title	Signature of Official			
Any other applicable fire codes of the political subdivision have been satisfied.						
	YES NO The political subd	DATE:				
	Printed Name of Official	Title	Signature of Official			
4	All electrical, plumbing, waste (including en	vironmental waste) codes required	by the political subdivision have been satisfied.			
	YES NO The political subd	DATE:				
	Printed Name of Official	Title	Signature of Official			
5	All applicable building or construction codes of the political subdivision have been satisfied.					
	YES NO The political subd	livision has no applicable codes for ompliance at this time.	DATE:			
	Printed Name of Official	Title	Signature of Official			
Any other ordinances/requirements of the political subdivision that are applicable at this time have been satisfied by the applicant.						
	YES NO The political subd	livision has no applicable codes for ompliance at this time.	DATE:			
If YES, Description of Requirement:						
Printed Name of Official		Title	Signature of Official			
7	And see, as applicable, the additional information provided by the political subdivision attached here:					
	YES The political subdivision provided additional attachments. NO The political subdivision did not provide additional attachments.					